

NH EMS Medical Control Board**MEETING MINUTES (Approved)****March 21, 2019**

9:00AM

Richard M. Flynn Fire Academy

Classrooms 5 & 6, Dormitory Building

98 Smokey Bear Blvd., Concord, NH 03301

Quorum: 7 members required (currently 13 positions on the MCB)**Members Present:**

Joey Scollan (Chair), Frank Hubbell, Patrick Lee (0944hrs) Joshua Morrison, Michelle Nathan, Robert Rix (after motion to accept nomination see below) James Suozzi, Thomas Trimarco **(8)**

Members Absent:

Trevor Eide, John Freese, Andrew Seefeld. Brian Sweeney, Harry Wallus **(5)**

NH FST&EMS Staff:

Bureau Chief – EMS Justin Romanello; Chief of Strategy & Planning Nick Mercuri; Captain Vicki Blanchard; Joanne Lahaie, and Gerard Christian (notes) **(5)**

Guests:

John Chisholm, Craig Clough, Nathan Denio, Steve Desrosiers, Doug Devine, Jeff Dropkin, Jeanne Erickson, Steve Erickson, Christopher Gamache, John Hall, Mark Hastings, Fred Heinrich, Jeremy LaPlante, Brian Nicholson, Maureen Quirk, Anna Sessa, Jeffrey Stewart **(17)**

NOTE: At 0900hrs there was no quorum present. Division staff disseminated their reports to the group. There was no discussion and no minutes could be taken as there was no quorum for a meeting to be held. With the arrival of Dr. Lee a quorum was met.

I. Welcome

- a. Meeting called to order at 0944hrs by chair Scollan. Introductions / Disclosures / Membership:
- A letter of nomination for Dr. Rix has been received for the board's consideration.

Motion Made (Hubbell/Morrison) to accept the nomination of Dr. Rix to the Medical Control Board, passed unanimously

- The board has received letters of resignation from Dr. Call and Dr. Larochelle. Dr Rix has replaced Dr. Larochelle.
- With the resignation of Dr. Call, the MCB needs to nominate another member to represent the MCB to the Trauma Medical Review Committee

Motion Made (Suozzi/Morrison) to nominate Dr. Trimarco as the Medical Control Board's representative to the Trauma Medical Review Committee , passed unanimously w/ Trimarco abstaining**II. Approval of the minutes**

Motion Made (Morrison/Nathan) to approve the January, 17, 2019 minutes as written. Passed unanimously

III. Division / Committee Reports

- a. Bureau of EMS and Division Updates:
 - See note above re: quorum. For reports, follow link to CB minutes below.
- b. Coordinating Board Update:
 - F. Hubbell reported; The CB meeting was held on January 17, 2019
 - Highlights of the January meeting:
 - Biggest discussion re: EMS rules, BC Romanello noted that the rules have gone to JLCAR and received preliminary objection due to returned comments. Dept. of Safety Legal has begun an appeal process
 - LaPlante added that there was a discussion at the meeting regarding formalizing a quality assurance and EMS provider feedback mechanism in order to get patient outcomes back to EMS providers, more discussion is pending.
 - Next CB Meeting: **May 23, 2019 NOTE: This is an off-cycle meeting**
 - Here is the link to the minutes for CB meetings:
<https://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html>
- c. Trauma Medical Review Committee Update:
 - G. Christian reported; The TMRC met on February 20, 2019.
 - Highlights of the February Meeting:
 - The completely edited 2019 Trauma Plan will be presented to the TMRC for approval at the next meeting in April.
 - The annual Trauma Conference will be held at the Fire Academy on Sept 26 & 27, 2019
 - There was considerable discussion re: the availability of acute rehabilitation beds in NH
 - The committee is exploring options to open the RSA to allow the participation of more Trauma Program managers as members on the committee
 - Next TMRC Meeting: April 17, 2019
 - Here is the link to the minutes for TMRC meetings:
https://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html
- d. Drug Diversion Meeting
 - J. Stewart reported. The sub-committee has had no further activity since their report at the last meeting. Next meeting April 20, 2019 1500 at the Fire Academy

IV. Protocols

- a. Nature of the Protocols: Chair Scollan held discussion with the group regarding the nature and roll of the protocols. There has been considerable discussion among stakeholders and the protocol committee as to whether the patient care protocols are laws or guidelines.
 - Scollan suggested that there could be some improvements made to remove contradictory statements in the current preface of the protocols. This would eliminate the confusion as the spirit of the protocols is to allow for provider judgement. Edited language will align with definitions as listed in RSA 153:A-2
- b. Protocols to be approved: The following protocols were presented by Suozzi/Blanchard for the Medical Control Board's approval:
 - Restraints: Changes made to clarify the dosing structures listed in the protocol, and the indications for the removal of physical restraints. Mercuri brought forth concerns regarding the indications for restraint and the language in a pending restraint bill
MOTION MADE (Hubbell/Rix) to send the restraints protocol back to the protocol committee for revision of the indications language to better align with Senate Bill 117. **Passed Unanimously**
 - Resuscitation Initiation & Termination: There were minor changes made to the pearls.
 - Pediatric Transport: The committee strengthened the language regarding not carrying a child during transport or allowing a new born to be held by the mother during transport. Considerable discussion ensued regarding the best way to achieve the clinical best practice of skin-to-skin contact and following laws regarding properly securing newborns and children. There are a few

new devices that may change the current language upon their release. At this time the protocol is as current as it can be based on available securing equipment.

- Patient Status Determinants: Name changed to “patient Acuity” also changed several definitions within the body of the protocol in order to better align with national data standards (NEMSIS).
- Childbirth and Newborn Care: Minor edits made to improve clarity of the protocol including replacing “placenta” with “babies” under the multiple births section.
- Asthma/COPD/RAD: Grammatical changes were made. A note will be made in the protocol that the Epinephrine dosing is for asthma patients only.
- MCI: The committee clarified the protocol by removing the command and operations sections from the protocol. The colors of the Expectant and Deceased boxes on the triage flowchart will be corrected so that they reflect the appropriate tag colors.
- HAZMAT: The structure of the protocol was reorganized simplified. Resource information was also added within the body of the protocol.
- Refusal of Care: Minor grammatical changes.
- Police Custody: NO CHANGE
- On-Scene Medical Personnel: NO CHANGE
- Hospice: NO CHANGE
- DNR/POLST: NO CHANGE
- Radiation Injuries: NO CHANGE

MOTION MADE (Nathan/Hubbell) to accept the: Resuscitation Initiation and Termination, Pediatric Transport, Patient Acuity, Childbirth and Newborn care, Asthma/COPD/RAD, MCI, HAZMAT, Refusal of Care, Police Custody, On-Scene Medical Personnel, Hospice, DNR/POLST, and Radiation injury protocols as edited and presented. **Passed Unanimously**

V. Old Business

- a. Cardiac Arrest / CARES Update: Suozzi reported that CARES is trying to close out all 2018 charts
- b. Shelter Care provided by EMS: Mercuri reported that there is no easy answer. This project refers to storm/disaster specific events that EMS is being asked to provide standby care for, not 9-1-1 calls to shelters. There are some existing parts and pieces that could fit to cover these events. One it the MCI plan but a standby event is unlikely to overwhelm resources. A better fit could be the preplanned event standby plan/document. Romanello notes that operationally, this seems to be a better fit than the MCI plan. He also notes that the preplanned event document is due for review to better align with current practice. **Romanello and Mercuri will collaborate with stakeholders to develop a solution within the preplanned events document.**
- c. Role of the Medical Director within the MRH: Nothing new at this time, will stand for next agenda

VI. New Business

- a. MPDS Protocol 37: Suozzi reports that this protocol will go online at e9-1-1 beginning on May 1, 2019. This will exempt the telecommunicator from having to ask detailed medical questions met for the lay person when the 9-1-1 call comes from a medical facility (e.g. urgent care)

VII. Topics Ad Libitum

- a. EMS-C Presentation, today from 12-1300hrs in classroom 7

VIII. Adjournment

Motion Made (Hubbell/Nathan) to adjourn the meeting. **Passed Unanimously** at 1106hrs

Next Meeting: May 23, 2019 NOTE: This is an off-Cycle Meeting

(Minutes written by Gerard T. Christian, AS, NRP Clinical Systems Program Coordinator)